



Pocket No. 25401-4/

CERTIFICATE OF MAILING

I hereby certify that this paper is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents; P.O. Box 1450; Alexandria, VA 22313-1450 on May 25, 2004.

Holly D. Kozlowski

CC/1644\$
JFW
PATENT

IN THE UNITED STATES PATENT & TRADEMARK OFFICE

Applicant: Sabine Flicker et al : Paper No.:
Serial No.: 10/027,725 : Group Art Unit: 1644
Filing Date: December 21, 2001 : Examiner: P.N. Huyuh

For: **Allergen Specific IgE-Fabs and Use Thereof**

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is a Response to Restriction Requirement in the above identified application.

- ☐ No additional fee is required.
☐ Also attached:

The fee has been calculated as shown below:

	NO. OF CLAIMS	HIGHEST PREVIOUS PAID FOR	EXTRA CLAIMS	RATE	FEE
Total Claims	22	20	2	x \$18 =	\$ 36.00
Independent Claims	4	3	1	x \$86 =	\$ 86.00
TOTAL FEE DUE					\$122.00

- ☐ A check in the amount of \$0 is enclosed.
- ☒ Please charge \$122.00 to our Visa credit card. Form PTO-2038 is enclosed.
- ☒ The Commissioner is hereby authorized to charge payment of any additional fees associated with this communication or credit any overpayment, to Deposit Account No. 04-1133, including any filing fees under 37 CFR 1.16 for presentation of extra claims and any patent application processing fees under 37 CFR 1.17.

Respectfully submitted,

Holly D. Kozlowski
Holly D. Kozlowski
Registration No. 30,468

DINSMORE & SHOHL LLP
1900 Chemed Center
255 East Fifth Street
Cincinnati, Ohio 45202
(513) 977-8568
Date: May 25, 2004

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AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Official Action dated February 25, 2004, please amend the present application as follows:

Amendments to the Specification begin on page 2 of this paper.

Amendments to the Claims are set forth in the Listing of Claims beginning on page 6 of this paper.

Remarks begin on page 10 of this paper.

06/01/2004 MMEKONEN 00000043 10027725

01 FC:1201
02 FC:1202

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